

9/14

3

**TOWN OF ACTON**  
472 Main Street  
Acton, Massachusetts, 01720  
Telephone (978) 264-9612  
Fax (978) 264-9630

**Steven L. Ledoux**  
**Town Manager**

August 7, 2009

The Acton Beacon:  
Atten: Barbara

Please place the following Legal **Notice** in the Thursday, August 20, 2009 edition of the Acton Beacon in the Legal Section. *Please send bill to:*

Po P. Pai  
11 Forrest Road  
Acton, MA 01720  
(978-263-3898)

Very truly yours,

Christine M. Joyce  
Town Manager's Office

**Please confirm receipt to: Christine [cjoyce@acton-ma.gov](mailto:cjoyce@acton-ma.gov)**

**Town of Acton**  
**Notice of Hearing**

Notice is hereby given under Chapter 138 of the General Laws, that the Board of Selectmen will hold a hearing in the Francis Faulkner Room in the Acton Town Hall on September 14, 2009 at 7:25 P.M. on the application of High Potential d/b/a Ginger Court, 36 Great Road Po P. Pai, President and Manager, for the Change of location of an All Alcoholic Restaurant License from 36 Great Road to 624 Main Street, Store Number 16, Acton Woods Plaza, as well as a Common Victualler license at that same location in conjunction with Po's Barbecue, LLC.

Application is on file in the Selectmen's Office and may be viewed during normal working hours.

**ACTON BOARD OF SELECTMEN**

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Read

**TOWN OF ACTON**  
472 Main Street  
Acton, Massachusetts, 01720  
Telephone (978) 264-9612  
Fax (978) 264-9630

**Steven L. Ledoux**  
**Town Manager**

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August 7, 2009

Paul Pai  
11 Forrest Road  
Acton, MA 01720

Dear Mr. Pai:

Enclosed please find a copy of advertisement to appear in the Acton Beacon on Thursday, August 20, 2009, at your expense.

The ABCC requires the time and date of such hearing for a change of Location of a liquor license be placed in the local newspaper, and that you notify abutters. The Assessors have prepared your Certified List which you can pick up during normal working hours. Your hearing is scheduled for September 14, 2009 7:25. in Room 204 of the Acton Town Hall. If you have any questions prior to that date, please feel free to call me at 264-9612.

Very truly yours,

Christine M. Joyce  
Town Manager's Office

cc: File  
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# Town of Acton

## General License or Permit Application

For Town Use Only

100 / year

To the Licensing Authorities of Acton:

The undersigned hereby makes application for the following described license, in accordance with the provisions of the General Laws, and amendments thereto.

August 5, 2009

Please indicate the License or Permit for which application is being made

Auction Entertainment One Day Liquor Common Victualler Class 1 or 11  
Automated Amusement 24 Hour Permit Fair or Sale Concert Other \_\_\_\_\_

Name of Organization/Applicant Po's Barbecue, LLC

Location of Event Acton Woods Plaza, 624 Main St, STORE 16

Name of Owner of Premises Acton Associates Limited Partnership d/b/a Acton Woods Plaza

DESCRIPTION OF EVENT (i.e.; Fee or donation charged?, Name of operators of event? Purpose of event? Parking availability?)

Date of Event: \_\_\_\_\_ Hours of Event or Operation 10:00 AM - 12:00 mid

Name of person making application Po P. Pai

Occupation Manager

Residential Address 11 Forest Road, Acton, MA 01720

Business Address Acton Woods Plaza, Great Road, Acton, MA 01720

Telephone: Home 978-263-3808 Business./ Cell 978-273-0008

E-Mail Address: feng697901720@yahoo.com

Date of Naturalization, if not born in U.S. 8/13/1992

Male or female M  
Date of Birth 8/23/1962  
Place of Birth China  
Father's Name Fu Tian Bai  
Mother's Maiden Name Yu Mei  
Height 5 ft. 9 Inches  
Weight 140  
Complexion \_\_\_\_\_  
Hair Black  
Eyes Black

Have you ever been arrested for any law violation?

If so, when no

Where \_\_\_\_\_

State Briefly \_\_\_\_\_

References (names and addresses)

Signature of Applicant X Po P. Pai MANAGER

# **Town Manager's Office**

## ***INTERDEPARTMENTAL COMMUNICATION***

***Date:*** August 4, 2009

***To:*** Board of Health, Building Comm., Police & Fire Chiefs, Tax Collector

***From:*** Christine Joyce, Town Manager's Office

***Subject:*** Change of Location – Ginger Court, 36 Great Road to 624 Main Street, Store 16, Acton Woods Plaza, Po's Barbecue, LLC

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Enclosed please find a copy of the application for a change of location for Full Common Victualler Liquor License submitted for your comment and review.

The public hearing is scheduled for 7:25 September 14 2009

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## Acton Board of Health

472 Main St.  
Acton, MA 01720  
Phone: (978) 264-9634  
Fax: (978) 264-9630  
Email: [Health@acton-ma.gov](mailto:Health@acton-ma.gov)



**Public Health**  
Prevent. Promote. Protect.

Doug Halley, Health Director

September 11, 2009

TO: Steve Ledoux, Town Manager

FROM: Doug Halley, Health Director

SUBJECT: Po's Barbecue

The former owner of the Ginger Court has talked to the Health Department regarding opening a barbecue type restaurant at 624 Main Street. A bakery/restaurant was located there previously. With the type of use proposed, an upgrade from the previous use, Title 5 requires an external grease tank (there is no grease tank currently). Our understanding is that the landlord of the property believes that altering the on-site plumbing to accommodate an external grease tank is cost prohibitive. A variance can be requested but it would have to be approved by both the Board of Health and DEP. At this point the applicant has not indicated what action will be taken to gain compliance for this proposed use.

## Christine Joyce

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**From:** Frank Widmayer  
**Sent:** Tuesday, August 11, 2009 10:37 AM  
**To:** Christine Joyce  
**Subject:** RE: Change of location, from 36 Great Road to 624 Main Street, Po's Barbecue, LLC Your Comments ASAP thanks

I have reviewed the application submitted on behalf of Po's Barbecue and I have no objection to the transfer of the license.

Frank J. Widmayer III  
Chief of Police  
(978) 263-2911

-----Original Message-----

From: Christine Joyce  
Sent: Tuesday, August 11, 2009 9:58 AM  
To: Frank Widmayer; Frank Ramsbottom; Robert Craig; Kevin Lyons; Board of Health; Collector Department  
Subject: Change of location, from 36 Great Road to 624 Main Street, Po's Barbecue, LLC  
Your Comments ASAP thanks

-----Original Message-----

From: ATH-MGR-COPIER@acton-ma.gov [mailto:ATH-MGR-COPIER@acton-ma.gov]  
Sent: Tuesday, August 11, 2009 10:56 AM  
To: Christine Joyce; Christine Joyce  
Subject: Scan from a Xerox WorkCentre

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Attachment File Type: PDF

WorkCentre Location: machine location not set  
Device Name: ATH-MGR-COPIER

For more information on Xerox products and solutions, please visit <http://www.xerox.com>

# PETITION FOR LICENSE TRANSACTION

THE COMMONWEALTH OF MASSACHUSETTS

Aug 7, 2009

☒ CHANGE OF LOCATION

☐ PLEDGE OF STOCK

☐ PLEDGE OF LICENSE

☐ CHANGE OF CORPORATE NAME

☐ CHANGE OF D/B/A

☐ CHANGE OF MANAGER

☐ CHANGE OF LICENSE TYPE

☐ CORDIALS AND LIQUEURS PERMIT

To the

Licensing Board for the Town of Acton

The undersigned respectfully petition for

Approval to Change Location on our  
Foil Liquor License to # 624 main Street  
From our current location of #36 great Rd

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☒ Signed

P. Di

☒ Title

MANAGER

FILED

JUL 29 2009

SECRETARY OF THE COMMONWEALTH  
CORPORATIONS DIVISION

2009 JUL 29 AM 11:37

Certificate of Organization of  
PO'S BARBECUE, LLC

SECRETARY OF THE  
COMMONWEALTH

2009 JUL 29

CORPORATIONS DIVISION

COPY

The undersigned, being authorized to execute and file this Certificate for the purpose of forming a limited liability company under the laws of the Commonwealth of Massachusetts, hereby certifies as follows:

1. *Name of the Company.* The name of the limited liability company (the "Company") is PO'S BARBECUE, LLC.
2. *Office of the Company.* The address of the office of the Company at which its records will be maintained is 11 Forest Road, Acton, Massachusetts 01720.
3. *Business of the Company.* The general character of the business of the Company is the operation of a full service restaurant, and to otherwise engage in any lawful act or activity for which limited liability companies may be organized under Chapter 156C of the Massachusetts General Laws.
4. *Date of Dissolution.* The limited liability company is to have no specific date of dissolution.
5. *Resident Agent.* The name and business address of the Resident Agent for service of process is:

NAME

BUSINESS ADDRESS

Po P. Pai

11 Forest Road  
Acton, MA 01720

6. *Managers.* The name and business address of the Manager of the Company is:

NAME

BUSINESS ADDRESS

Po P. Pai

11 Forest Road  
Acton, MA 01720

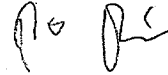
7. *Execution of Documents.* The Manager is authorized to execute documents to be filed with the Corporations Division of the Office of the Secretary of the Commonwealth.

8. *Execution of Documents Relating to Real Property.* \* The Manager is authorized to execute, acknowledge, deliver and record any recordable instrument on behalf of the Company purporting to affect an interest in real property, whether to be recorded



with a registry of deeds or a district office of the Land Court.

IN WITNESS WHEREOF, I have signed this Certificate of Organization and acknowledged it to be my act this 27<sup>TH</sup> day of July, 2009.



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Po P. Pai, Manager

PO'S BARBECUE, LLC  
CONSENT OF MEMBER AND MANAGER  
AUGUST 5, 2009

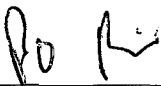
The undersigned member (the "Member") and manager (the "Manager") of PO'S BARBECUE, LLC (the "Company"), a Massachusetts limited liability company, hereby consent to and adopt the following resolutions:

RESOLVED: That the Company file with the Town of Acton a General License or Permit Application for a Common Victualler's License, Form A - Licensee Personal Information Sheet, and Petition for License Transaction, copies of which are attached hereto as Exhibit A and incorporated herein by reference, and any and all other documentation as may be necessary in connection with said Application for a Common Victualler's License and Petition for License Transaction; and that the Manager be and hereby is authorized to execute, acknowledge, and deliver said documents, the signature of which Manager to be conclusive evidence of its having been authorized and approved by the Company.

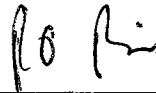
FURTHER

RESOLVED: That the Company adopt the "Policies and Procedures, Customer Service/Employee Responsibilities" as the liquor serving policy, a copy of which is attached hereto as Exhibit A and incorporated herein by reference.

EXECUTED as a sealed instrument the day and year first above written.

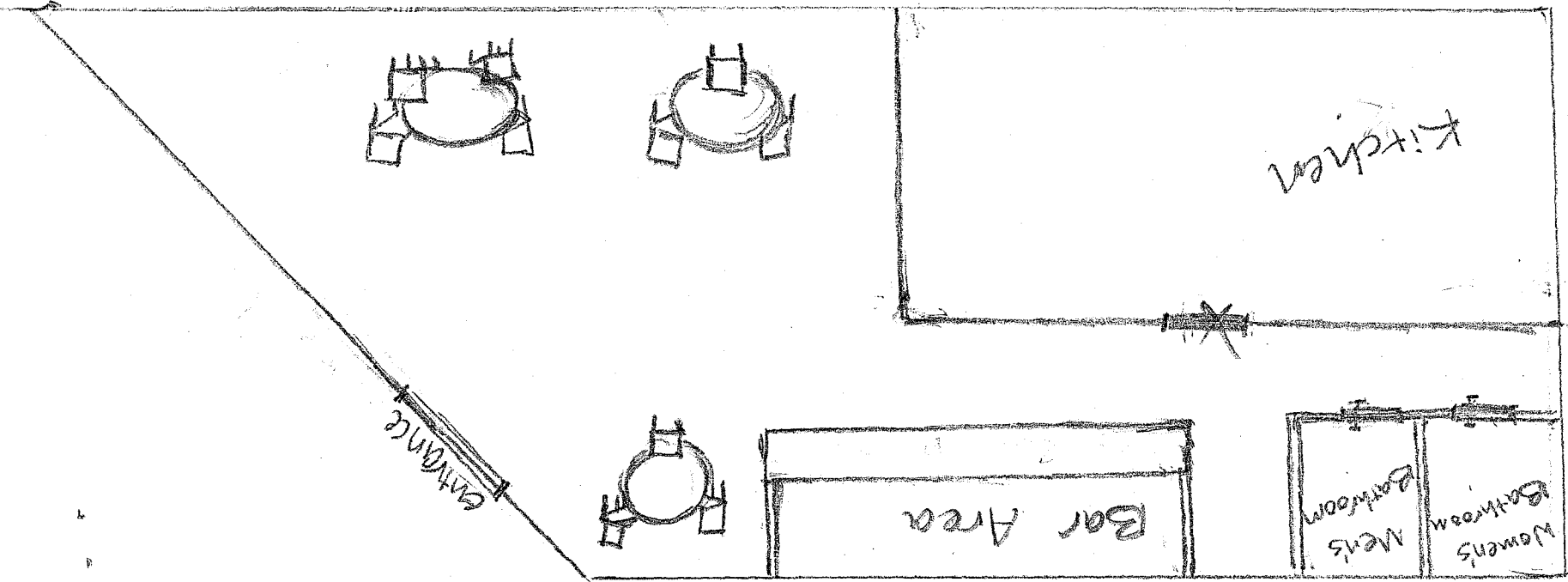


Po P. Pai, Member



Po P. Pai, Manager

25.5'  
8.5'  
4.45'  
15.3'



## **POLICIES AND PROCEDURES CUSTOMER SERVICE/EMPLOYEE RESPONSIBILITIES**

All employees are required to adhere to the following policies. Failure to do so will result in immediate dismissal. Errors in the following policy, which lead to accident, injury or material damage could result in loss of liquor license, and/or prosecution of the employee and management.

1. Any person who appears to be under the age of 30 must present valid ID. A Massachusetts driver's license, liquor ID, passport, or active military ID are the only acceptable forms of identification.

Ask customer to remove ID from wallet.

Determine validity by:

- a. Checking birth date
- b. Checking expiration date
- c. Compare photo with customer
- d. Examine lamination (torn, frayed, or damaged)
- e. Look at composition of ID (does it confirm to ID Book)
- f. Compare signature with ID signature
- g. Hold flashlight to back of ID to illuminate cuts or abrasions

Communicate with the Customer by asking questions such as:

- a. Street address
- b. Year he/she graduated from High School
- c. Astrological sign
- d. Social Security Number

If you still have reservations, request a second form of ID

**IF YOU STILL HAVE DOUBTS, Don't Serve!!**

2. If an underage person accompanies the customer, other than a family member, assume the purchase is being made for the underage party, and decline the sale. Do not allow any underage persons to handle alcohol while on the premises and do not allow under age persons to sit at the bar. Underage persons may sit in the lounge if they are accompanied by an adult family member. Monitor underage persons in the lounge to insure they are not being served by others.

3. Do not allow any customer to bring containers of alcoholic beverages into the lounge. Should this happen, confiscate the beverage and dispose of in the sink.

4. Monitor the consumption of beverages by persons on the premises and do not sell alcohol to an intoxicated person. Behavioral cues to identify intoxication are:

Loss of inhibitions, such as being over talkative, overly relaxed or overly friendly, loud behavior, mood swings.

Exhibiting poor judgment, behaving inappropriately, using foul language, and telling off color jokes.

Glassy, unfocused eyes, moving very slowly, forgetting things, losing train of thought, slurred speech.

Stumbling, swaying dropping belongings or having trouble handling items.

5. Document any outstanding incidents immediately and thoroughly. Documentation should include date and time, how you handled the situation, and the actions of the customer (**forms attached to this document**).

---

Employee Name

Date

I have received instruction from store management and understand the policies and procedures of customer service/employee responsibilities. I have also received a copy of these procedures for my own records.

---

Employee signature

Date

---

Manager Signature

Date

**Forms Attached to this policy:**

Refusal of Service Report  
Shut-Off Report

3/11/08

# REFUSAL OF SERVICE REPORT

This report is to be used **ONLY** when a person comes into the establishment and you refuse to serve them any alcohol. This is not a shut-off report.

**LOCATION:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**Report written by:** \_\_\_\_\_ **TIME:** \_\_\_\_\_  
**Name of Patron:** \_\_\_\_\_  
**Address of patron:** \_\_\_\_\_  
**Description/Observation of patron:** **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_  
**Clothing worn by patron:** **Check off if known**  
**Shirt type:** Long sleeve \_\_\_\_\_ Short sleeve \_\_\_\_\_ **Color of shirt** \_\_\_\_\_ **Type of shirt**  
i.e.) dress shirt, polo shirt, tee shirt, blouse \_\_\_\_\_  
**Pants type:** Long \_\_\_\_\_ Shorts \_\_\_\_\_ Capri's \_\_\_\_\_ Other \_\_\_\_\_  
**Color of pants:** \_\_\_\_\_ **Belt worn?** Y \_\_\_ N \_\_\_ Unknown \_\_\_  
**Socks and shoes if known:** \_\_\_\_\_  
**Condition of clothes:** (please check) disorderly \_\_\_ soiled \_\_\_ orderly \_\_\_ torn \_\_\_  
**Breath (alcohol odor)** strong \_\_\_ Moderate \_\_\_ Faint \_\_\_ None \_\_\_  
**Attitude:** polite \_\_\_ hilarious \_\_\_ talkative \_\_\_ carefree \_\_\_ sleepy \_\_\_ cocky \_\_\_  
combative \_\_\_ indifferent \_\_\_ insulting \_\_\_ [profane \_\_\_ cooperative \_\_\_ Other \_\_\_  
**Unusual action:** Belching \_\_\_ Vomiting \_\_\_ Fighting \_\_\_ Crying \_\_\_ Laughing \_\_\_  
hiccupping \_\_\_ Other \_\_\_  
**Speech:** Not understandable \_\_\_ mumbled \_\_\_ slurred \_\_\_ confused \_\_\_ thick-tongued \_\_\_  
accent \_\_\_ understandable \_\_\_ Other \_\_\_  
**Eyes:** bloodshot \_\_\_ watery \_\_\_ glassy \_\_\_ fine \_\_\_ other \_\_\_  
**Complexion:** flushed \_\_\_ pale \_\_\_ other \_\_\_

Indicate other unusual actions or statements, including when they were first observed:

## STEPS TAKEN:

Patron's actions & comments on steps taken:

Refused the sale of alcohol \_\_\_\_\_  
Offered non-alcoholic beverage \_\_\_\_\_  
Offered food \_\_\_\_\_  
Offered to call another party \_\_\_\_\_  
Suggested /called a cab \_\_\_\_\_  
Was patron alone? \_\_\_\_\_ Did the patron drive? \_\_\_\_\_

The facts recorded above are true and accurate to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_  
**Supervisor signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_

## SHUT-OFF REPORT

Date: \_\_\_\_\_

Name of establishment \_\_\_\_\_

Name of customer \_\_\_\_\_

Id presented by customer (check one) drivers license ☐ passport ☐ non

drivers license/state or federally issued Id ☐ Military ☐ Other (name)

\_\_\_\_\_ Id number

Time of the day/night customer came into establishment \_\_\_\_\_

Time of shut-off \_\_\_\_\_

Reason for shut-off:

Steps taken:

Manager notified:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Manager on duty: \_\_\_\_\_